

high registration fees, besides expensive hotel or motel lodgings.

May I suggest that unemployed semi-retired physicians might be given a chance for reduced fees for attendance at symposia and lectures by presenting a "Senior Physician's pass" issued by the CMA.

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EDITOR'S COMMENT: Your suggestion, which has been made by others as well, has been considered by CMA's Scientific Board. Recently the CMA Council approved the Board's recommendation that all retired CMA members be allowed to attend CMA-sponsored Continuing Medical Education programs, including Postgraduate Institutes, at no charge. The Scientific Board is also encouraging medical schools and hospitals accredited for continuing medical education to do likewise.

The Battered Child

TO THE EDITOR: The excellent article [by Richard J. Kohlman] "Malpractice Liability for Failing to Report Child Abuse" [West J Med 121:244-248, Sep 1974] failed to include an extremely important aspect in the reporting mechanism that doctors apparently have too little view of: the failure of the police authorities to continue to follow through in the cases that we physicians *do* report.

I became personally aware of this problem nearly 18 months ago (the first of the four battered children I saw in my practice alone during this period of time); that particular case involved a foul-up among authorities. District Attorney Joseph Busch began his letter to me: "Please rest assured that the obstacles placed in the path of justice by the respective lumbering bureaucracies involved have finally been surmounted."

But—they were not. About a month ago, I re-

ported a case involving a mother who was on the telephone to me at that time (admitting that she had beaten her son, possibly causing a broken nose, and at times could not control her emotions). The police went out, accepted her story that she accidentally hit her son on the face, did not take the child for medical evaluation and did not report further (as they are required to do by Penal Code:11161.5: "the police are to forward the written report to the State Bureau of Criminal Identification and Investigation. This Bureau in turn must communicate back to the local reporting agency and the Juvenile Probation Department any information . . ."). The *police*, in this situation, did not follow through on my emergency reporting of an on-going child-battering as prescribed by law. Within a two-week period I had two additional cases of battered children (suspected, as in the earlier case) that the police had investigated, and not taken for medical evaluation or reported further as regulations insist. My personal communications with the law agencies involved corrected these situations, and the watch commanders promised further instruction of the officers in their command.

My point is that just as we physicians are required by law to, in cases of possible-battered children, "report such fact by telephone and in writing to the head of the police department of the city or county . . . and to the local Juvenile Probation Department" (Section 11161.5 of the Penal Code), the police also have duties under the same law. I question whether enough of our officers are aware of this, as exemplified by my experience, and by an earlier case in which the city of Arroyo Grande lost a suit because its police chief had not notified the Department of Social Welfare and had taken no further action . . . the child later was re-battered.

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